

South Carolina Health Insurance Pool (SCHIP) Assessment Base Reporting Form

<p>This form must be completed and submitted, postmarked by MARCH 1, 2015, by any insurer licensed to write accident and health insurance in South Carolina, even if all amounts are zero.</p>	<p>Submit by MARCH 1, 2015, to: <i>Cynthia Matlack, AX-555 BlueCross BlueShield of SC I-20 at Alpine Road Columbia, SC 29219 Tel (803) 264-2717 Fax (803) 264-5162 E-mail cynthia.matlack@bcbsc.com</i></p>	<p>Please submit to the address shown and NOT to the South Carolina Department of Insurance. Regular mail is preferred, but electronic submissions are acceptable.</p>
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1. TOTAL 2014 DIRECT A&H PREMIUMS WRITTEN IN S.C. \$ _____
(Should agree with total direct A&H premiums written in South Carolina as shown on the State Page or Schedule T of the Annual Statement.)

2. PREMIUMS EXCLUDED FROM SCHIP ASSESSMENT:
(Deduct only to the extent included in line 1 above.)

- (a) Coverage only for accident or disability income insurance, or any combination thereof \$ _____
- (b) Credit-only A&H insurance \$ _____
- (c) Coverage for on-site medical clinics \$ _____

If offered separately:

- (d) Limited scope dental or vision benefits \$ _____
- (e) Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof \$ _____

If offered as independent, noncoordinated benefits:

- (f) Coverage only for a specified disease or illness \$ _____
- (g) Hospital indemnity or other fixed indemnity insurance \$ _____
- (h) If offered as a separate insurance policy, coverage supplement to coverage provided under Chpt 55, Title 10 of the U.S. Code (i.e., Tricare supp) \$ _____
- (i) Federal Employees Health Benefit Program \$ _____
- (j) Medicare Adv, MAPD, PD (Note: Med supp premiums are not excluded.) \$ _____
- (k) Medicaid and State Children's Health Insurance Program \$ _____

(l) TOTAL EXCLUSIONS Add lines 2(a)-2(k) \$ _____

3. 2014 SCHIP ASSESSMENT BASE Subtract line 2(l) from line 1 \$ _____

Does your company write individual major medical insurance in South Carolina?

_____ Yes _____ No 2014 S.C. Individual Major Med Premium \$ _____
(Check here if through a group trust/assoc _____)

I certify that this information is correct and that these figures accurately reflect premiums written in South Carolina during 2014. I also understand that the amount on line 3 above will be used to determine my company's share of assessments made for losses of the South Carolina Health Insurance Pool.

Company Name _____ NAIC Code No _____

Signature of Authorized Officer _____ Date _____

Typed/Printed Name of Officer _____

Contact person for this form:

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Person to receive assessment notices:

Name: _____

Address: _____

Telephone: _____

E-mail: _____